

State of Michigan

JENNIFER L. WHITTEN
PRESIDING JUDGE



KRISTYN BRENDEN
FAMILY COURT ADMINISTRATOR

Thirteenth Judicial Circuit Court Grand Traverse County Family Division

DIVERSION PROGRAM REFERRAL FORM

JUVENILE NAME:	AGE:	REFERRAL DATE:
DOB:		NAME OF PERSON REFERRING:
PHONE NUMBER:		TITLE: ORGANIZATION:
ADDRESS:		ADDRESS:
SCHOOL:	GRADE:	PHONE NUMBER:

FAMILY INFORMATION

MOTHER'S NAME:	FATHER'S NAME:
ADDRESS:	ADDRESS:
PHONE NUMBER(S):	PHONE NUMBER(S):
If the youth is not living with parent(s), please provide information on the individual youth is living with.	
NAME(S):	PHONE
ADDRESS:	NUMBER(S):
IS THIS PERSON A LEGAL GUARDIAN: Yes No	

REASON FOR REFERRAL

Delinquent Act or Petition	Comments:
MIP – Number of Infractions	Comments:
Other	Comments:
Any Other Comments:	

ROBERT P. GRIFFIN HALL OF JUSTICE
280 WASHINGTON STREET, TRAVERSE CITY, MI 49684

☐ **ADMINISTRATION**
SUITE 202
231-922-4640

☐ **JUVENILE PROBATION**
SUITE B106
231-922-4650

☐ **VOLUNTEER SERVICES**
SUITE B150
231-922-4827